REQUEST FOR HEARING
State of Michigan
Family Independence Agency

INSTRUCTIONS: Complete items 10 through 16 below. Please Type or print. DELIVER OR MAIL completed form to your local FIA office, Attn: Hearing Coordinator. A date-stamped copy will Be returned to you by the local office.

1. Case Name (Last)			(First)	
2. Program(s) in Dispute				3. Case Number
4. County	5. District	6. Section	7. Unit	8. Worker
9. Date Received in FIA				

Esta forma se usa para solicitar una audiencia con un juez de ley administrativa cuando usted no está de acuerdo con una decisión que se hizo tocante a su caso. Si usted no entiende esta forma o necesita ayuda para completarla, comuníquese con su oficina local de la Agencia para la Independencia de la Familia al número de teléfono indicado en esta forma.

هذه الإستمارة تستعمل لطلب المرافعة مع حاكم قضائي إداري عندما لاتوافق على قرار يتخذ بخصوص قضيتك. إذا لم تستطع فهم هذه الاستمارة أو احتجت الى مساعدة لملء الاستمارة اتصل بالمكتب المحلي لوكالة الخدمات العائلية على الرقم المبين في الاستمارة.

AUTHORITY: MCL 400.9, MSA 16,409
RESPONSE: Voluntary.
PENALTY: None

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

10. I request a hearing before an Administrative Law Judge regarding the decision of the _____ County Family Independence Agency. Following are my reasons for requesting a hearing:
Name of County

By my signature below, I acknowledge that I understand that if a proposed action is not taken because I have requested a hearing and the Agency's proposed action is upheld, or if I later agree that the Agency's proposed action was correct and withdraw my hearing request, or if I do not appear for the hearing, then I will be required to repay any assistance which I would not have received if I had not asked for a hearing.

I ☐ DO ☐ DO NOT want to continue receiving the amount of food stamps I now receive until after my hearing.

11. Signature of Person Requesting Hearing (AH must receive an original signature. If this form is signed by an authorized hearing representative, documentation of authorization must be attached.)	12. Telephone Number	13. Date
14. Street Address or Route Number	15. City, State and Zip Code	
16. Are special arrangements required for you to participate in a hearing? ☐ Yes ☐ No ▶ Explain:		

THIS SECTION TO BE COMPLETED ONLY IF SOMEONE HAS AGREED TO REPRESENT YOU AT THE HEARING.

17. Name of Authorized Hearing Representative	18. Telephone Number	19. Title
20. Street Address or Route Number	21. City, State, and Zip Code	